

Behavioral Risk Factor Surveillance Survey 1994/1995 Summary Report

Chronic Disease Surveillance Program ♦ Massachusetts Department of Public Health



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Introduction:

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Since 1986, the Massachusetts Department of Public Health has conducted the Behavioral Risk Factor Surveillance Survey (BRFSS), an ongoing random statewide telephone survey of adult residents. The BRFSS is currently conducted in all states as a cooperative effort between the national Centers for Disease Control and state health departments.

The BRFSS includes questions about a wide variety of health concerns, from personal behaviors and access to medical care to opinions on health-related policy issues. Responses to these questions provide important information about the prevalence of risk factors which are responsible for many of the causes of premature death, sickness, and disability.

This report summarizes some of the important results from the 1994 and 1995 surveys. Due to the way the BRFSS is structured, not all questions are asked in each year. Unless otherwise stated, data are presented from the 1995 survey. To identify groups in the population at increased risk, we have highlighted differences in risk status by sex, age, race/ethnicity, education, and income level. In addition, we have compared 1994 Massachusetts results to 1994 U.S. data, which is the most recent year national data are available.

Limitations of the BRFSS need to be taken into account when interpreting the data. First, persons who do not have a telephone or who otherwise do not participate due to factors such as unavailability, language barriers, or lack of interest are not represented. Second, specific questions are subject to whatever biases may be associated with self-reporting. Finally, because the BRFSS surveys a sample of Massachusetts adults, results will differ

to some extent from another sample taken from the same population due to chance alone.

Despite these limitations, the BRFSS is a rich source of information on the health of Massachusetts adults. We hope that the data presented in this report will contribute to the development and targeting of medical, educational, and policy initiatives to improve the health status of Massachusetts residents.

Overall Health Status (Fig. 1)

Twelve percent of Massachusetts adults rated their overall health status as fair or poor. Reported health status was poorer among the elderly, Black and Hispanic residents, and those with lower levels of education and income. Seventeen percent of residents reported that there were five or more days in the previous month when poor health limited their usual activities, including 5% who said they were limited every day. *In 1994, Massachusetts ranked 9th highest among all states in overall health status.*

Figure 1.

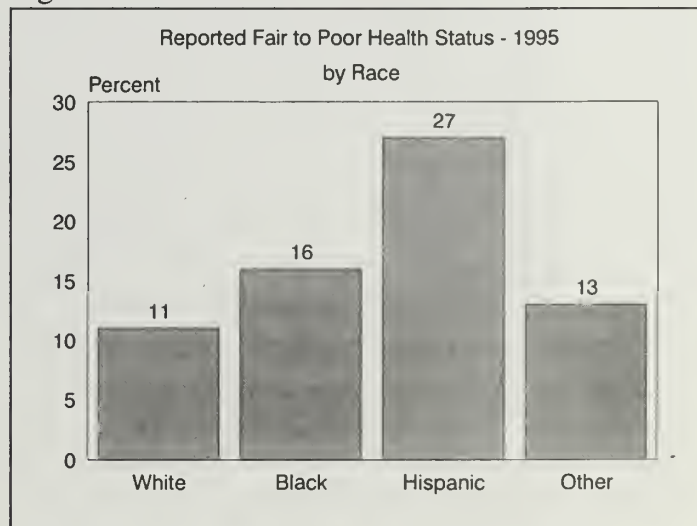
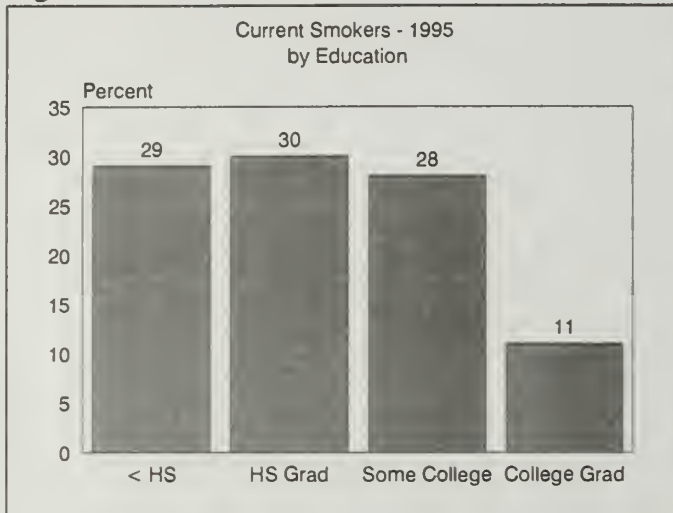


Figure 2.



Risk Factors:

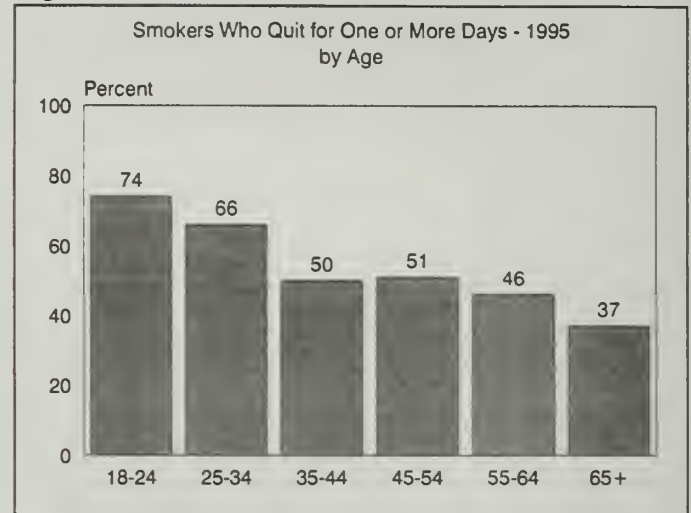
Current Cigarette Smoking (Fig. 2)

Slightly fewer than 23% of Massachusetts adults reported being current smokers. Smoking rates were higher among those with less than a college degree and with household incomes below \$35,000. Current smokers reported smoking an average of 17 cigarettes per day. Nine percent of smokers smoked on 20 or fewer days in the prior month. *In 1994, Massachusetts ranked near the middle of BRFSS states in the prevalence of current cigarette smoking.*

Smoking Cessation Behavior (Fig. 3)

An estimated 90,000 Massachusetts adults, representing about 8% of smokers, reported having quit smoking in the past year. Information on what proportion may have begun smoking again since the time of the survey is not available. Among current smokers, more than half (56%) reported having made a quit attempt lasting one or more days in the past year. Younger smokers were more likely to have made an attempt to quit. Twenty-five percent of current smokers said they were planning to try to quit in the next thirty days, and another 46% said they were thinking about quitting in the next six months.

Figure 3.



Attitudes toward Smoking Policies (Fig. 4)

A majority of Massachusetts residents supported prohibiting smoking in all indoor sports events (75%), indoor shopping malls (65%), and indoor work areas (58%). Nearly half (45%) supported banning smoking in restaurants. A lesser proportion supported prohibiting smoking in bars and cocktail lounges (25%) and outdoor sporting events (21%). About half (49%) of Massachusetts residents reported they do not allow smoking inside their home.

Figure 4.

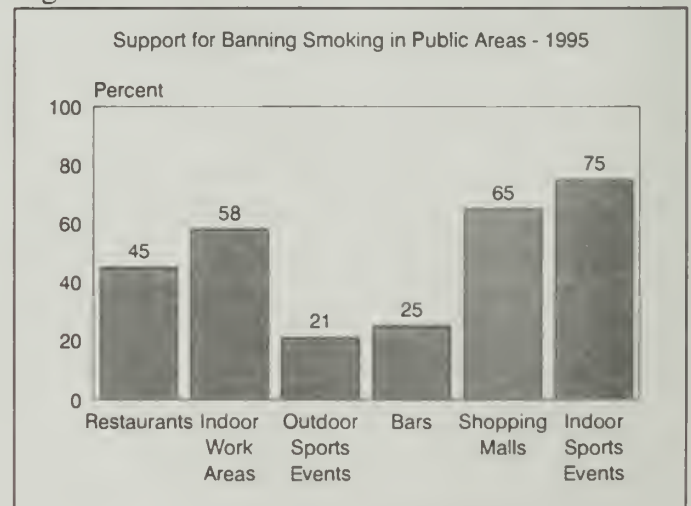
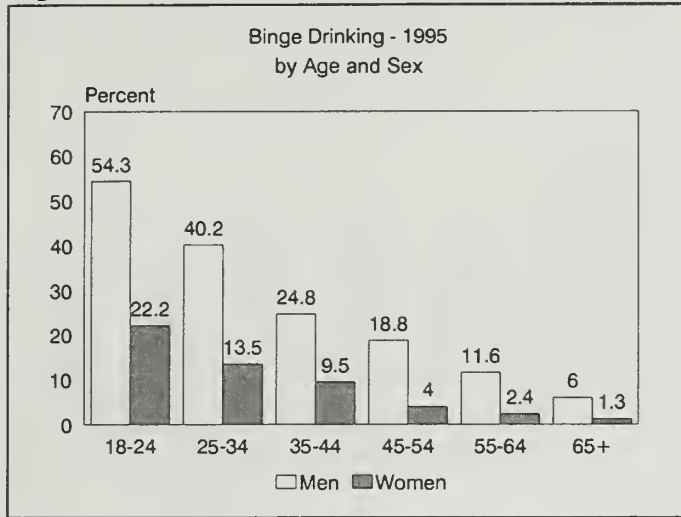


Figure 5.



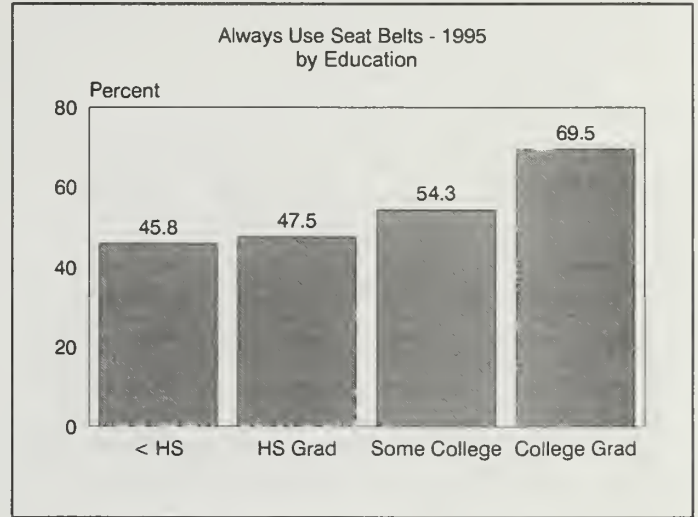
Alcohol Use (Fig. 5)

Nearly 4% of adults reported drinking 60 or more drinks in the past 30 days ("chronic drinking"). Eighteen percent of respondents reported consuming 5 or more drinks on any one occasion ("binge drinking") in the past month. Both chronic and binge drinking were most common among young males. Approximately 4% of adults reported driving while intoxicated. These individuals were more likely to be young, male, White, and have more education. Since 1990, chronic drinking has declined, binge drinking has remained steady, and driving while intoxicated may have slightly increased.

Seat Belt Use (Fig. 6)

Approximately 57% of Massachusetts adults reported always using seat belts when riding in a car. Utilization was higher among females, older residents, and those with higher levels of income and education. About 84% of respondents with children reported that the oldest child under the age of 15 always wears a seat belt or uses a car seat. There has been a substantial increase in the reported use of seatbelts since 1993, when 38% of Massachusetts adults reported always using seatbelts. This change coincides with passage of a mandatory seatbelt law which took effect in 1994.

Figure 6.



Firearms (Fig. 7)

Approximately 15% of Massachusetts adults reported keeping firearms in their home. Fifty percent of these firearms were handguns. Households with income levels below \$25,000 were less likely to own a gun. Among those who owned firearms, 25% gave personal protection as the main reason for having a gun, 31% had children residing in the home, and 9% stored them loaded and unlocked at least some of the time. *According to other national surveys, 41% of U.S. households have a firearm in the home.*

Figure 7.

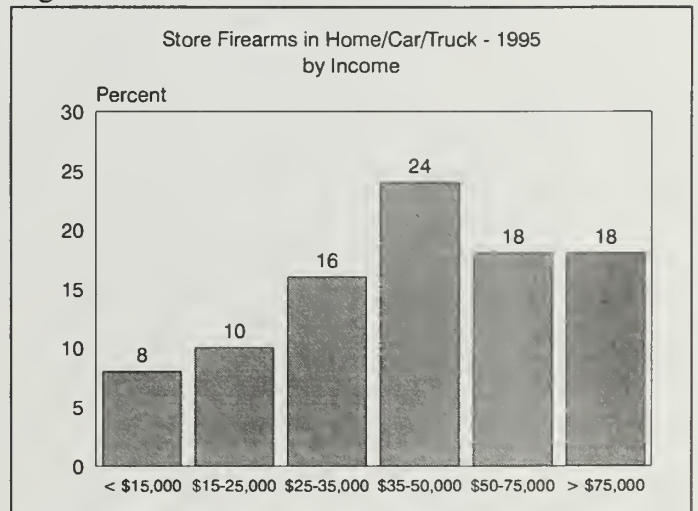
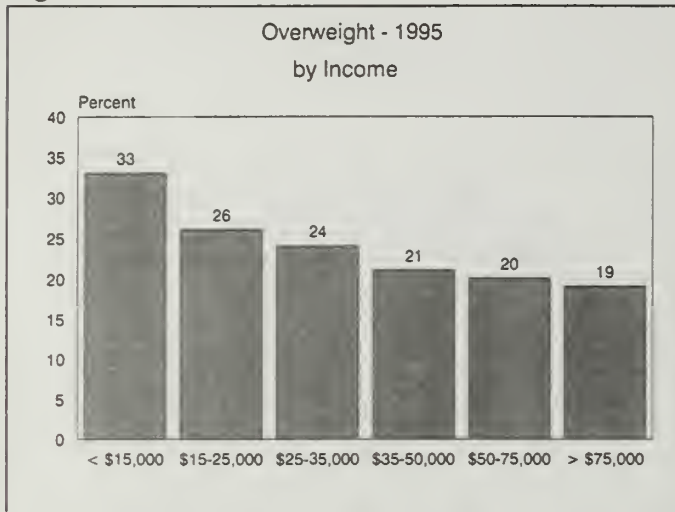


Figure 8.



Overweight (Fig. 8)

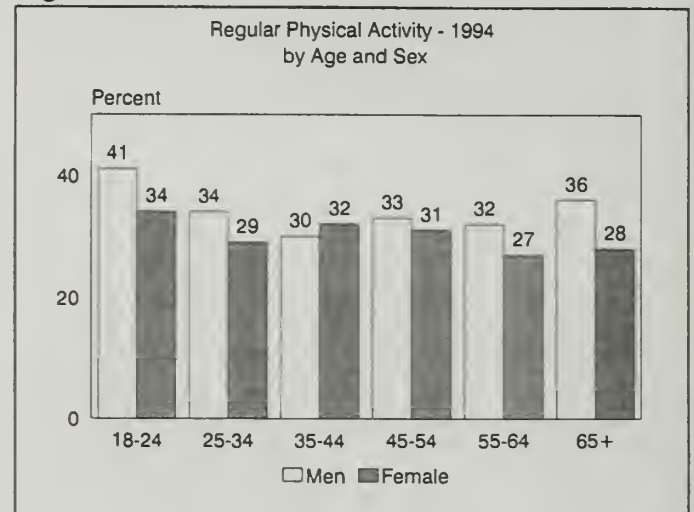
Based on self-reported height and weight measurements, 23% of Massachusetts residents were calculated to be overweight, as determined by the Body Mass Index (BMI)¹. Obesity was more common among men and among residents who were older, Black or Hispanic, or had lower levels of income and education. The prevalence of obesity in Massachusetts is unchanged since 1990. *In 1994, Massachusetts had the 7th lowest prevalence of overweight adults among BRFSS states.*

Physical Activity (Fig. 9)

Based on reported type, frequency, and duration of activities, 32% of Massachusetts residents in 1994 participated in regular, leisure-time physical activity at levels recommended in the 1996 report of the Surgeon General on physical activity and health. Regular physical activity is defined as either vigorous activity for 20 minutes per session on 3 or more days per week, or moderate activity for 30 minutes per day on 5 or more days per week. Participation in physical activity was lower among females and residents with lower levels of income and education. *In 1994, Massachusetts had the 12th highest prevalence of adults participating in regular physical activity among all BRFSS states.*

¹BMI is calculated by dividing a person's weight in kilograms by their height in meters squared (kg/m^2). Men with a BMI of 27.8 or greater and women with a BMI of 27.3 or greater are considered overweight.

Figure 9.



Diet & Nutrition (Fig. 10)

In 1994, 29% of residents reported consuming the recommended five servings of fruits and vegetables per day. Older adults and women were more likely to report adequate fruit and vegetable consumption. In addition, 42% of residents reported consuming "a lot less" fat compared to four years ago. Whites, women, those with a college degree, and those with incomes over \$35,000 were more likely to have reported a decrease in fat consumption. *In 1994, Massachusetts had the 6th highest prevalence of recommended fruit and vegetable consumption among all BRFSS states.*

Figure 10.

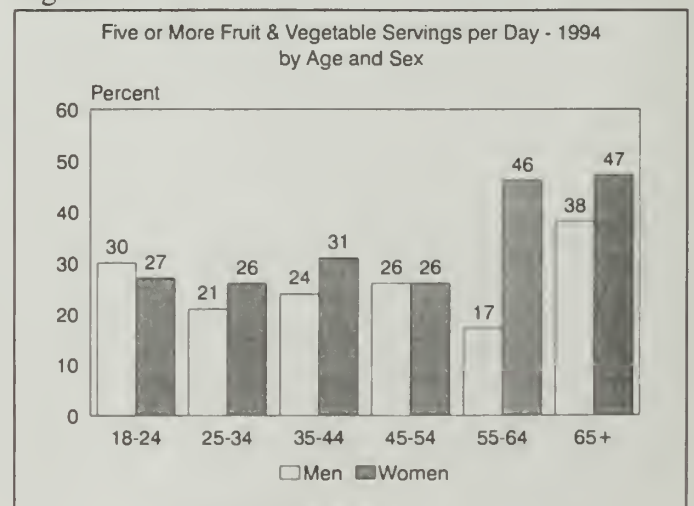
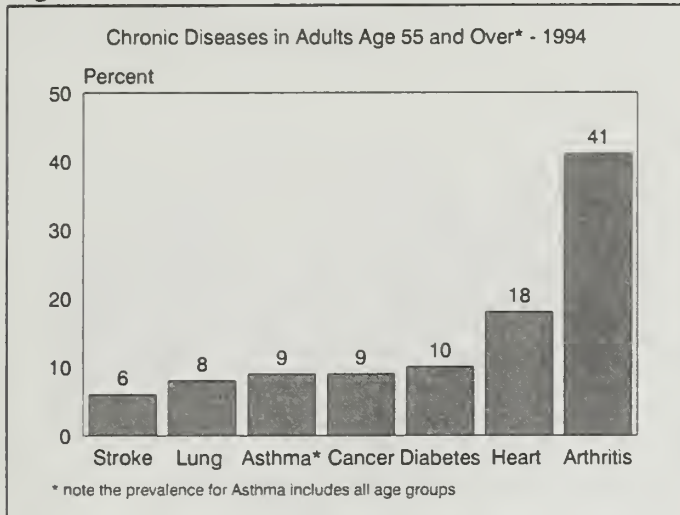


Figure 11.



Chronic Conditions and Preventive Health:

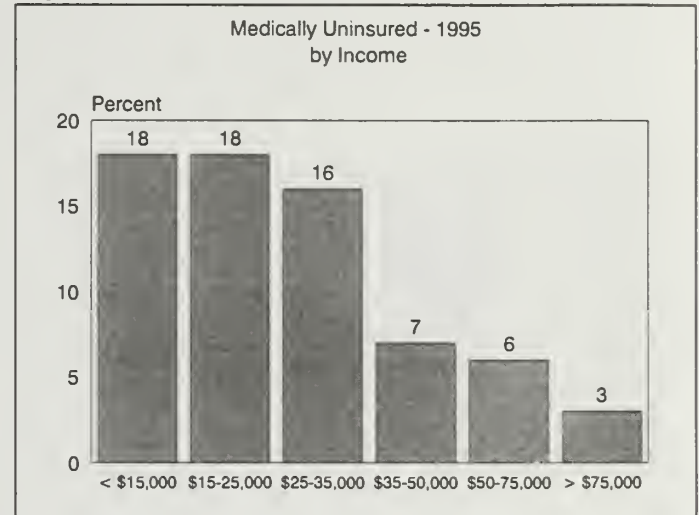
Chronic Conditions (Fig. 11)

In 1994, 33% of Massachusetts adults reported currently having or having had one of the chronic diseases listed in Figure 11. Chronic conditions were generally more common in adults age 55 or older. Among this age group, 63% reported currently having or having had one of the conditions surveyed. Of these, arthritis was the most common, followed by heart disease, diabetes, cancer (excluding skin cancer), lung disease (COPD, emphysema, or bronchitis), and stroke or cerebrovascular disease. Females were substantially more likely than males to report having arthritis. Asthma was the only condition reported at similar levels by all age groups.

Health Care Insurance/Access (Fig. 12)

Overall, 10.5% of adults reported they did not have health insurance at the time of the survey. This represents an estimated 500,000 adults without insurance. Younger adults, Black and Hispanic residents, and those with lower levels of income and education were less likely to have insurance. Among uninsured adults, 39% reported not seeking medical care due to cost, compared to 6% of insured adults. In 1991, 9% of residents reported that they lacked health insurance. In 1994, Massachusetts had the 7th lowest prevalence of adults reporting that they had no health insurance among all BRFSS states.

Figure 12.



Dental/Oral Health (Fig. 13)

About half (52%) of Massachusetts adults reported having dental insurance. College graduates and those with annual incomes over \$35,000 were more likely to have insurance. Contrary to health insurance status, those age 65+ were substantially less likely to have dental insurance. Seventy-three percent of residents reported visiting the dentist within the last year. Of those who did not, the most common reason reported was "no reason to go" (45%), followed by "cost" (25%). Half of adults reported losing at least some permanent teeth to decay or disease.

Figure 13.

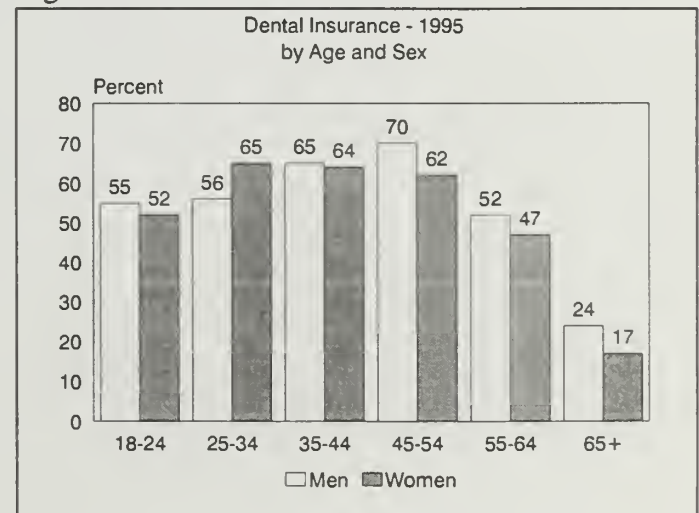
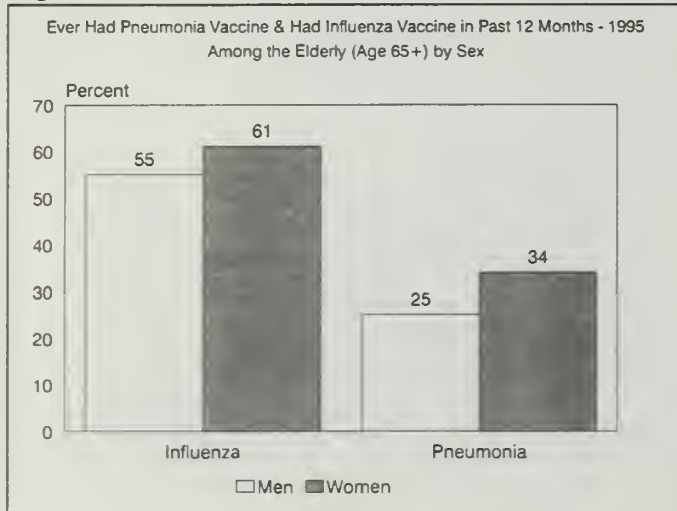


Figure 14.



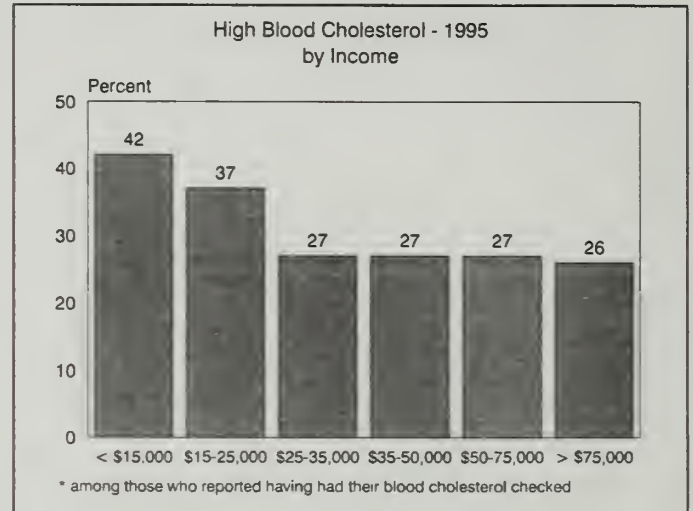
Pneumonia and Influenza Immunization (Fig. 14)

Pneumonia and influenza are among the leading causes of death among the elderly. Thirty percent of adults age 65+ reported ever receiving the pneumonia vaccine. Nearly 59% of adults age 65+ reported having been vaccinated for influenza in the last year. Females were more likely than males to have received each vaccine. Individuals with higher household incomes and more education were more likely to have been vaccinated for influenza.

Cholesterol Screening (Fig. 15)

Individuals with low blood cholesterol have been found to be at lower risk for heart disease. In Massachusetts, 76% of respondents reported ever having had their blood cholesterol checked; 82% of this group reported having had their blood cholesterol measured within the last two years. Approximately 31% of those adults who had their cholesterol checked reported that they had been told by a doctor or other health professional that their blood cholesterol was high. Elevated blood cholesterol was more prevalent among older adults and those with lower incomes.

Figure 15.



Hypertension Awareness (Fig. 16)

The Healthy People Year 2000 Objectives advise that blood pressure be checked every other year. Approximately 94% of Massachusetts adults reported meeting these guidelines. About 17% of residents who have ever had their blood pressure checked have been told more than once that they have high blood pressure. Hypertension was more commonly reported by older residents and those with lower levels of income and education.

Figure 16.

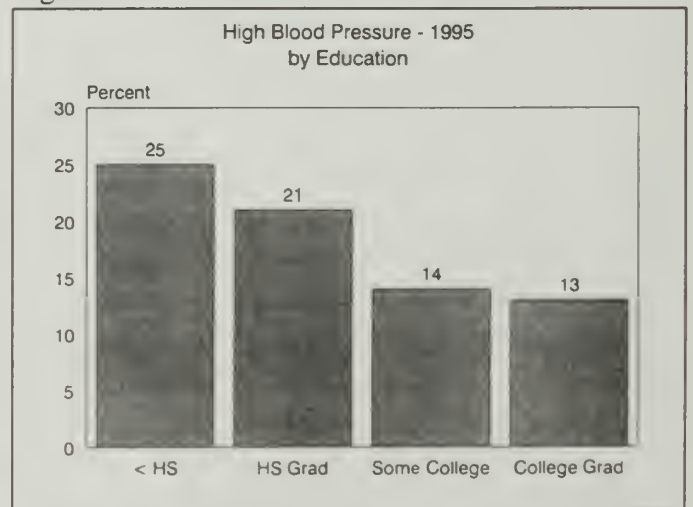
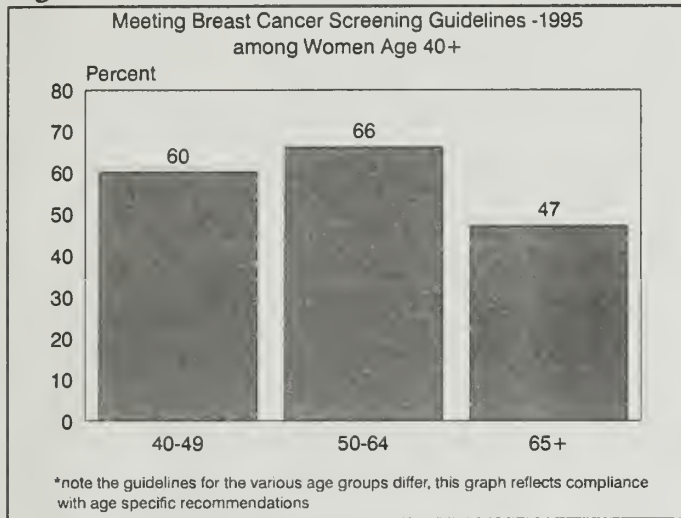


Figure 17.



Cancer Screening and Detection:

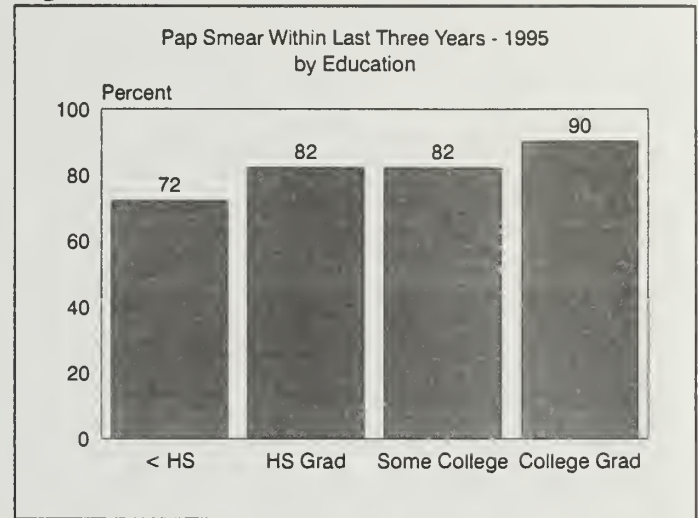
Breast Cancer Screening (Fig. 17)

The American Cancer Society (ACS) recommends a mammogram every two years and a breast exam by a health care provider every year for women age 40-49. For women age 50 and older, ACS recommends both mammography and clinical breast exam every year. In Massachusetts, 60% of women age 40-49, 66% of women age 50-64, and 47% of women age 65+ reported receiving screening according to these guidelines. *In 1994, Massachusetts had the 3rd highest prevalence of women who have ever had a mammogram among all BRFSS states. Among women age 50+, Massachusetts had the 6th highest prevalence of women who had a clinical breast exam and a mammogram within the last two years.*

Cervical Cancer Screening (Fig. 18)

Among women with intact cervix-uteri, 92% reported ever having a Pap smear test, the screening test for cervical cancer. Of those women, 84% reported having had one in the last three years. Women with lower levels of income and education were less likely to report a recent Pap smear test. *In 1994, Massachusetts had the 10th lowest prevalence of women who had ever had a Pap smear test among all BRFSS states and ranked near the middle in the prevalence of women who have had a Pap smear test within the last three years.*

Figure 18.



HIV/AIDS

Counseling and Testing (Fig. 19)

Statewide, 36% of adults under age 65 reported having been tested for HIV. The most common reasons given for seeking an HIV test were to determine if infected (28%), as part of a routine check-up (12%), and to apply for insurance (11%). Among those whose reason for having a test was to determine if they were infected, nearly 55% reported that they did not receive any counseling when they received the results of their test.

Figure 19.

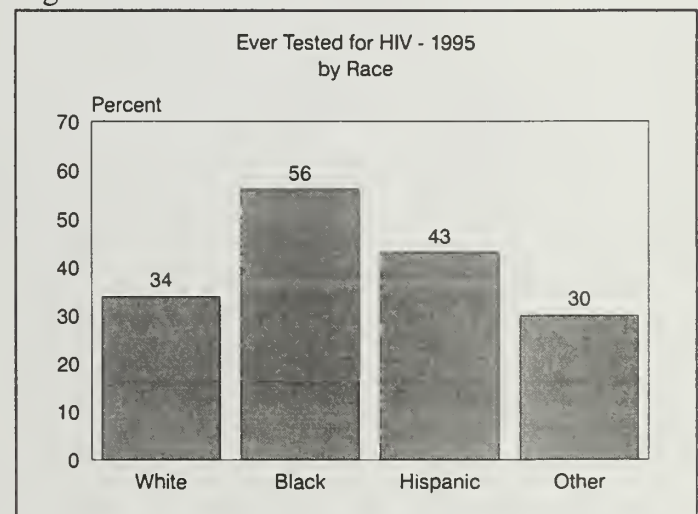


Table 1.

Comparison of the prevalence of selected behavioral risk factors and preventive health measures between Massachusetts and all other participating states and to Healthy People 2000 Objectives. Data from other states are only available for 1994.

	Massachusetts		National	Year
	1995	1994	1994	2000
	Prevalence	Prevalence	Median	Objective
	%	%	%	%
No health insurance	11	10	13	N/A
Diagnosed with diabetes	4	4	4	2.5
Regular physical activity	--*	32	27	N/A
Current cigarette smoker	23	23	23	15
Adequate fruit and vegetable consumption	--*	30	22	N/A
Overweight	23	23	27	20
Ever had blood tested for HIV virus	36	29	33	N/A
Ever had a mammogram and breast exam (women age 40 and older)	85	79	75	80
Had recent mammogram and breast exam (women age 50 and older)	66	64	62	60
Ever had a Pap smear test**	92	94	94	95
Had recent Pap smear test**	84	85	85	85

*not measured in 1995

N/A - no specific Year 2000 objective for this measure

**among women with an intact cervix

This report was prepared by Daniel Brooks, Diana Ventura, and Vandana Kane. Survey data were collected by Northeast Research, Inc. of Orono, Maine. We wish to express our gratitude to the residents of Massachusetts who participated in this survey. For more detailed tables, further information on the methods used in this report, or more information on the BRFSS or chronic disease surveillance, please contact:

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